

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015937

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **351-**

Primary Registration District No. **8099**

Registrar's No. **28**

FILED APR 23 1962

VS 300
Rev. 4/59

1 **0585**
2 **0585**
3 **2**
4 **0**
5 **1**
6
7 **0**
8 **2**
99020
10 **21**
11 **058**
12 **36-2**
132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, give TOWNSHIP only) Brookfield		c. CITY OR TOWN Brookfield	
Length of stay in 1b 2 weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION M. Larney Manor		d. STREET ADDRESS (If outside, give location) 903 North Main	
3. NAME OF DECEASED (Type or print) First PHILLIP Middle FRED Last WEAVER		4. DATE OF DEATH Month April Day 18 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/1881
9. AGE (last birthday) 80		IF UNDER 1 YEAR Months 8 Days 15 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber Shop	
11. BIRTHPLACE (City and state or country) Laclede, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Taylor Weaver		13b. MOTHER'S MAIDEN NAME Luticia Anderson	
14. NAME OF HUSBAND OR WIFE Hettie Weaver, Brookfield, Mo.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT Hettie Weaver, Brookfield, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SENILITY DUE TO (b) FRACTURE OF HIP DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FELL IN FLOOR AT HOME.		20c. TIME OF INJURY Hour 2 Minute 14 p.m. 62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	
20f. CITY, TOWN, OR LOCATION 903 N MAIN		COUNTY LINN STATE MO.	
21. I attended the deceased from FEB 14-1962 to APRIL 18 and last saw her him alive on 4-18-62 Death occurred at 10:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE N. H. Potter		22b. ADDRESS Brookfield Mo	
22c. DATE SIGNED 4-19-62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE April 21, 1962		23c. NAME OF CEMETERY OR CREMATORY Laclede Cemetery	
23d. LOCATION (City, town, or county) Laclede, Missouri		24. FUNERAL DIRECTOR Hill Funeral Home, Brookfield Mo.	
25. DATE RECD. BY LOCAL REG. 4-19-62		26. REGISTRAR'S SIGNATURE Archie Watson	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *D. J. Lindley*

Licensed Embalmer No. 4822

P. O. Address Chillicothe Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.